

FOX CROFT
S C H O O L
Celebrating 100 Years

August 29, 2014

CERTIFIED MAIL

Joan C. Crowther, VPDES Permit Writer
Department of Environmental Quality
Northern Virginia Regional Office
13901 Crown Court
Woodbridge, Virginia 22193


Re: Applications for Virginia Discharge and Sludge Permits
Foxcroft School, VPDES # VA0024112

Dear Ms. Crowther:

Enclosed are the original and a CD containing a digital copy of each permit application and the required supplements for Foxcroft School's Discharge Permit and Sewage Sludge Permit.

Thank you for your attention to these applications as well as our requests outlined above. Please let me know (540-687-5555) as soon as possible should you require any additional information or if you have any questions.

Sincerely,


Dale Stotler
Facilities Manager

Enclosures

Cc: Deborah Anderson, Business Manager
Steve Cawthron, APEX, Inc. w/ attachments

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Virginia Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9VAC25-31-290.C.2.

Agent/Department to be billed: Deborah Anderson, Business Manager

Owner: Foxcroft School

Applicant's Address: P O Box 5555

22407 Foxhound Lane

Middleburg, VA 20117

Agent's Telephone Number: 540-687-5555

Authorizing Agent: Deborah Anderson
Signature

VPDES Permit VA0024112
Foxcroft School Wastewater Treatment Plant

Please return to:

Joan C. Crowther
VA-DEQ, NRO
13901 Crown Court
Woodbridge, VA 22193-1453
Fax: (703)583-3821

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER			
				S	T/A C		
				F	D		
				1 2	13 14 15		
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS			
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.			
III. FACILITY NAME							
V. FACILITY MAILING ADDRESS							
VI. FACILITY LOCATION							
II. POLLUTANT CHARACTERISTICS							
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .							
SPECIFIC QUESTIONS		Mark "X"		SPECIFIC QUESTIONS			
		YES	NO	FORM ATTACHED	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S. ? (FORM 2A)			X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S. ? (FORM 2B)		
		16	17	18			
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S. ? (FORM 2D)		
		22	23	24			
E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3)			X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		
		28	29	30			
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		
		34	35	36			
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		
		40	41	42			
III. NAME OF FACILITY							
C 1 SKIP FOXCROFT SCHOOL WWTP							
15 16 - 28 30 69							
IV. FACILITY CONTACT							
A. NAME & TITLE (last, first, & title)							
C 2 DALE STOTLER, FACILITY MANAGER							
15 16 45 46 48 49 51 52- 55							
B. PHONE (area code & no.)							
C 2 (540) 687-5555							
15 16 45 46 48 49 51 52- 55							
V. FACILITY MAILING ADDRESS							
A. STREET OR P.O. BOX							
C 3 PO BOX 5555							
15 16 45							
B. CITY OR TOWN							
C 4 MIDDLEBURG							
15 16 40 41 42 47 51							
C. STATE							
VA							
D. ZIP CODE							
22117							
VI. FACILITY LOCATION							
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER							
C 5 22407 FOXHOUND ROAD							
15 16 45							
B. COUNTY NAME							
LOUDOUN COUNTY							
46 70							
C. CITY OR TOWN							
C 6 NA							
15 16 40 41 42 47 51 52- 54							
D. STATE							
VA							
E. ZIP CODE							
20117							
F. COUNTY CODE (if known)							

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
C										C									
7	1	9	5	2	(specify) Sewage Treatment Plant					7					(specify) NA				
15	16			19						15	16			19					
C. THIRD										D. FOURTH									
C										C									
7					(specify) NA					7					(specify) NA				
15	16									15	16								

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?											
C															<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
8	S	t	e	v	e	C	a	w	t	h	r	o	n	,	President Apex Inc.											
15	16														55	56										

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)

F = FEDERAL	M = PUBLIC (other than federal or state)	P	(specify) Contract O&M provided by APEX, Inc.	D. PHONE (area code & no.)												
S = STATE	O = OTHER (specify)			A	(540)	338-9710										
P = PRIVATE		56		15	16	18	19	21	22	26						

E. STREET OR P.O. BOX

PO Box 246										
26	55									

F. CITY OR TOWN

C															G. STATE	H. ZIP CODE	IX. INDIAN LAND										
B	P	h	i	l	o	m	o	n	t						VA	20131	Is the facility located on Indian lands?										
15	16											40	41	42	47	51	52	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C	T	I								C	T	I							
9	N									9	P								
15	16	17	18	30						15	16	17	18	30					
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C	T	I								C	T	I							
9	U									9									
15	16	17	18	30						15	16	17	18	30					
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
C	T	I								C	T	I							
9	R									9									
15	16	17	18	30						15	16	17	18	30					

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Independant secondary school and support facilities for a population of 300. See attached Topo Map showing Discharge Outfall 001 location: 39 00 21 / 77 44 38.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print) Catherine McGehee Head of School										B. SIGNATURE <i>Catherine D. McGehee</i>										C. DATE SIGNED 8-29-14									
---	--	--	--	--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	---------------------------	--	--	--	--	--	--	--	--	--

COMMENTS FOR OFFICIAL USE ONLY

C																				
C																				
15	16																			55

Foxcroft School VA0024112 Discharge Point Location - October 2009

77°46'00" W

77°45'00" W

77°44'00" W

WGS84 77°43'00" W

39°02'00" N

39°01'00" N

39°00'00" N

38°59'00" N

39°02'00" N

39°01'00" N

39°00'00" N

38°59'00" N

Foxcroft School Discharge Point 39 00 21 / 77 44 38

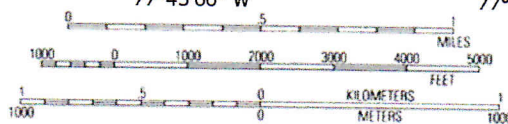
Map created with TOPOIG ©2006 National Geographic

77°46'00" W

77°45'00" W

77°44'00" W

WGS84 77°43'00" W



MN TN
10 1/2°
10/15/09

VPDES PERMIT APPLICATION ADDENDUM

1. Entity to whom the permit is to be issued: Foxcroft School, VA 0024112
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.
2. Is this facility located within city or town boundaries? Yes ☐ No ☒ PIN-566196682000
3. Please provide the tax map parcel number for the land where the discharge is located: Tax Map # 173/111/45/
4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? 0
5. What is the design average flow of this facility in million gallons per day (MGD)? 0.075 (MGD) For industrial facilities, provide the maximum 30-day average production level, include units: NA
6. In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒
If yes, please identify the other flow tiers in MGD: _____
Please consider the following as you answer the questions in #5 above for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?
7. Nature of operations generating wastewater: Independent Secondary School
and support facilities for a population of 300.
100 % of flow from domestic connections/sources
Number of private residences to be served by the treatment works: 30
_____% of flow from non-domestic connections/sources
8. Mode of discharge: ☒ Continuous _____ Intermittent _____ Seasonal
Describe frequency and duration of intermittent and seasonal discharges: NA
9. Identify the characteristics of the receiving stream at the point just above the facility's discharge point(s):

Stream Characteristic	Outfall Number						
	001						
Permanent stream, never dry	<input checked="" type="checkbox"/>						
Intermittent stream, usually flowing, sometimes dry							
Ephemeral stream, wet-weather flow, often dry							
Effluent-dependent stream, usually or always dry							
Lake or pond <u>at or below discharge point</u>							
Other:							

10. Approval date(s), if applicable:

O & M Manual May 11, 2007 Sludge/Solids Management Plan October 5, 1998

Have there been changes in your operation or procedures since the above approval dates? Yes ☒ No ☐

11. **Privately Owned Treatment Works:** If this application is for a privately owned treatment works serving, or designed to serve, 50 or more residences, you must include with your application notification from the State Corporation Commission that you are incorporated in the Commonwealth and verification from the SCC that you are in compliance with all regulations and relevant orders of the State Corporation Commission. Incorporated also includes Limited Liability Companies (LLCs), Limited Partnerships (LPs) and certificates of authority. NA

12. Please provide a list of Materials stored at the facility. Please complete the table below or attach another page if more room is necessary.

Material Storage		
Materials Description	Volume Stored	Spill/Stormwater Prevention Measures
<u>NONE</u>	<u>NA</u>	<u>NA</u>

13. Please provide the name and email addresses for personnel who will be involved with the reissuance of the VPDES permit:

Name	Title	E-mail Address
<u>Dale Stotler</u>	<u>Facilities Manager</u>	<u>dstotler@foxcroft.org</u>
<u>Steve Cawthon</u>	<u>President, APEX, Inc.</u>	<u>scawth1062@aol.com</u>

14. Consent to receive Electronic Mail

The Department of Environmental Quality (DEQ) may deliver permits and certifications (this includes permit issuances, reissuances, modifications, revocation and reissuances, terminations and denials) to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

- ☒ Applicant or permittee agrees to receive by electronic mail the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.

If yes, provide email: Scawth1062@aol.com

- ☐ Applicant or permittee declines to receive by electronic mail the permit that may be issued for the proposed pollutant management activity.

FACILITY NAME AND PERMIT NUMBER:

Foxcroft School VA0024112

Form Approved 1/14/99
OMB Number 2040-0086

FORM

2A

NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12. *Done*
- B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6. *NA*
- C. **Certification.** All applicants must complete Part C (Certification). *Attached*

SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data): *NA*
1. Has a design flow rate greater than or equal to 1 mgd,
 2. Is required to have a pretreatment program (or has one in place), or
 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data): *NA*
1. Has a design flow rate greater than or equal to 1 mgd,
 2. Is required to have a pretreatment program (or has one in place), or
 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as: *NA*
1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems). *NA*

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER:

Foxcroft School VA0024112

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name Foxcroft School Wastewater Plant

Mailing Address PO Box 5555
Middleburg, VA 22117

Contact person Steve Cawthron

Title Authorized Agent

Telephone number (540) 338-9710

Facility Address 22407 Foxhound Road
(not P.O. Box) Middleburg, VA 22117

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name Foxcroft School

Mailing Address PO Box 5555
Middleburg, VA 221175

Contact person Dale Stotler

Title Facilities Manager

Telephone number (540) 687-4530

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☐ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☒ facility ☐ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA0024112 PSD _____

UIC _____ Other PWSID # 6107500

RCRA _____ Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Foxcroft School Campus</u>	<u>300</u>	<u>Separate Sanitary</u>	<u>Private</u>
_____	_____	_____	_____
_____	_____	_____	_____
Total population served <u>300</u>			

Foxcroft School VA0024112

A.5. Indian Country.

- Yes ☒ No

- Yes ☒ No

a. Design flow rate 0.075 mgd

<u>✓</u>	Separate sanitary sewer	100	%
	Combined storm and sanitary sewer	-	%

a. Does the treatment works discharge effluent to waters of the U.S.? ☒ Yes ☐ No

i. Discharges of treated effluent	1
ii. Discharges of untreated or partially treated effluent	0
iii. Combined sewer overflow points	0
iv. Constructed emergency overflows (prior to the headworks)	0
v. Other	0

- If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) mgd

Is discharge continuous or intermittent?

- c. Does the treatment works land-apply treated wastewater? Yes ☐ No ☒

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: Mgd

Is land application continuous or intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? Yes ☒ No ☐

FACILITY NAME AND PERMIT NUMBER:

Foxcroft School VA0024112

Form Approved 1/14/99
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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____

mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

____ Yes

____ ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

FACILITY NAME AND PERMIT NUMBER:

Foxcroft School VA0024112

Form Approved 1/14/99
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WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 001
- b. Location NA 20117
(City or town, if applicable) (Zip Code)
Loudoun Virginia
(County) (State)
39 00 21 77 44 38
(Latitude) (Longitude)
- c. Distance from shore (if applicable) 0 ft.
- d. Depth below surface (if applicable) 0 ft.
- e. Average daily flow rate 0.029 mgd
- f. Does this outfall have either an intermittent or a periodic discharge?
 Yes ✓ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs:
- Average duration of each discharge:
- Average flow per discharge: mgd
- Months in which discharge occurs:
- g. Is outfall equipped with a diffuser? Yes ✓ No

A.10. Description of Receiving Waters.

- a. Name of receiving water Goose Creek
- b. Name of watershed (if known) Goose Creek
- United States Soil Conservation Service 14-digit watershed code (if known):
- c. Name of State Management/River Basin (if known):
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known):
- d. Critical low flow of receiving stream (if applicable):
acute cfs chronic cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

Foxcroft School VA0024112

Form Approved 1/14/99
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A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☒ Primary ☒ Secondary
☐ Advanced ☐ Other. Describe: See Attached Process Flow Schematic

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal 90 %
 Design SS removal 90 %
 Design P removal NA %
 Design N removal NA %
 Other _____ %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Ultraviolet Light (UV)

If disinfection is by chlorination, is dechlorination used for this outfall?

☐ Yes ☐ No

- d. Does the treatment plant have post aeration?

☐ Yes ☒ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.5	s.u.			
pH (Maximum)	7.7	s.u.			
Flow Rate	0.095	MGD	0.029	MGD	Continuous
Temperature (Winter)	NA	Degrees F	NA	Degrees F	NA
Temperature (Summer)	NA	Degrees F	NA	Degrees F	NA

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	6	mg/L	2	mg/L	1/W 4HC	SM 5210	2 mg/L
	CBOD-5	NA	NA	NA	NA	NA	NA	NA
FECAL COLIFORM		108	MPN/100	1	MPN/100	1/w Grab	SM 9221F	1 MPN/100 ml
TOTAL SUSPENDED SOLIDS (TSS)		10.1	mg/L	5.5	mg/L	1/W 4HC	SM 2540D	1.0 mg/L

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Foxcroft School VA0024112

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day). *NA*

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

_____ gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.) *NA*

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram. *NA*

B.4. Operation/Maintenance Performed by Contractor(s). *NA*

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.) *NA*

- List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

- Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☒ No

FACILITY NAME AND PERMIT NUMBER:

Foxcroft School VA0024112

NA

Form Approved 1/14/99
OMB Number 2040-0086

- c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

NA

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: _____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Foxcroft School VA0024112

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Catherine McGehee, Head of School

Signature

Catherine J. McGehee

Telephone number

(540) 687-5555

Date signed

8/29/2014

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

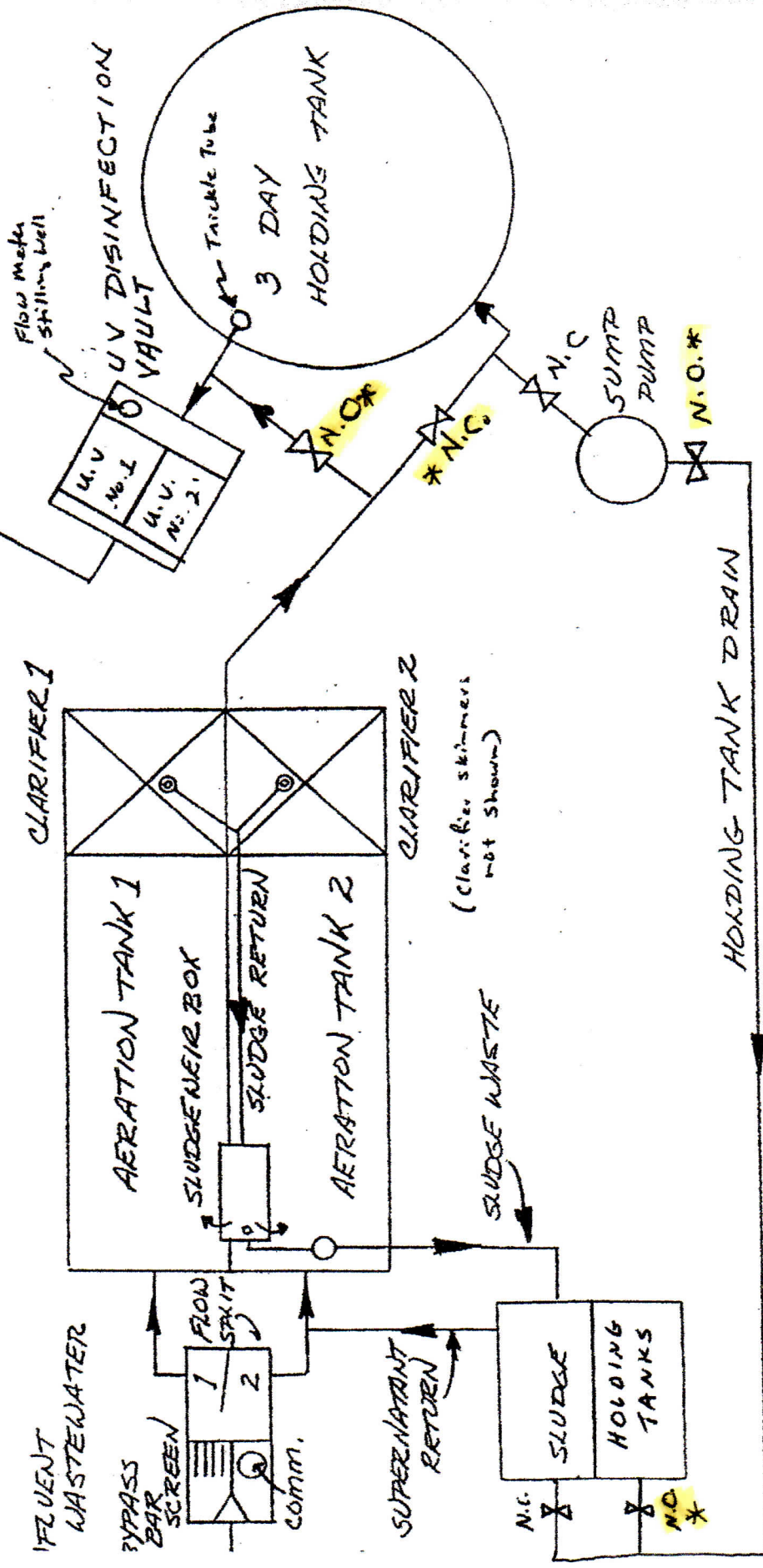
Foxcroft School VPDES Permit # VA0024112 Renewal Application

Additional information is provided on the following attachments:

1. Foxcroft School WWTP Process Flow Diagram
2. Calculation Sheet for Parts A-6 and A-12

(1)

TO GOOSE CREEK DISCHARGE



PROCESS FLOW DIAGRAM

JULY, 80
 REISED JAN, '92
 REVISED MAR, 1998
 v. Account 2014 - SWC

VPDES Sewage Sludge Permit Application for Permit Reissuance

Instructions

WHO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application.

Part 1 is general information to be provided by all facilities.

Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied.

Part 3 must be completed by all facilities that land apply Class B biosolids.

Part 1 – Sludge Disposal Management (To be completed by all facilities)

Facility Name: Foxcroft School

VPDES Permit No: VA0024112

1. Shipment Off Site for Treatment or Blending

Is sewage sludge from your facility sent to another facility that provides treatment or blending?

☒ Yes ☐ No

If you send sewage sludge to more than one facility, attach additional sheets as necessary.

Shipment off site is: ☒ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Receiving Facility Name

LCSA, now Loudoun Water

b. Receiving Facility VPDES Permit No.

Loudoun Water

c. Include an acceptance letter from the Receiving Facility.

d. Receiving Facility's ultimate disposal method for sewage sludge Shipment to District of Colombia WWTP.

2. Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed in a municipal solid waste landfill?

☐ Yes ☒ No

If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

Landfilling is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Landfill Name

b. Landfill Permit No.

c. Include an acceptance letter from the landfill.

3. Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator?

☐ Yes ☒ No

Incineration is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?

☐ Yes ☒ No

If yes, provide the Air Registration No. _____

If no, complete items b - d for each incinerator that you do not own or operate.

b. Facility Name

c. Air Registration No.

d. Include an acceptance letter from the Incinerator.

4. Class A Biosolids

Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2.

☐ Yes ☒ No

Are Class A biosolids from your facility land applied in bulk?

☐ Yes ☒ No

Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the VDACS certification number? _____

☐ Yes ☒ No

5. Class B Biosolids

Do you produce Class B biosolids? If yes, complete Part 2.

☐ Yes ☒ No

Are Class B biosolids from your facility land applied land applied under the authorization of this VPDES Permit? If yes, complete Part 3.

☐ Yes ☒ No

6. Land Application Under a Separate Permit

Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit?

☐ Yes ☒ No

Biosolids are land applied under the authorization of a ☐ VPA permit ☐ Another VPDES Permit ☐ Out of State

Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.

a. Permittee Name

b. Permit No.

c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of 9VAC25-31-530 F. NA

VPDES Sewage Sludge Permit Application for Permit Reissuance

Part 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.)

NA

1. Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance? ☐ Yes ☒ No
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9VAC25-31-710 A 3 through A 8 or Class B pathogen requirements in 9VAC25-31-710 B 1 through B 4? ☐ Yes ☐ No
Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____
3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720 B 1 through B 10? ☐ Yes ☐ No
Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____
4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540 B? ☐ Yes ☐ No
5. Has data from the most recent 3 samples for pH (S.U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as CaCO₃ (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart. ☐ Yes ☐ No
If no, provide the data with this application. _____

Part 3 – Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolids.)

NA

1. Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evidence of financial responsibility shall be provided in accordance with 9VAC25-31-100 P 9.
2. For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Agreement - Biosolids Form (VPDES Sewage Sludge Permit Application Form – Attachment to Section C).
3. Are any new land application fields proposed at this reissuance? ☐ Yes ☐ No
If yes, contact the DEQ Regional Office for additional submittal requirements.
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate. ☐ Yes ☐ No
If no, contact the DEQ Regional Office for additional submittal requirements.
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information? ☐ Yes ☐ No
 - a. An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosolids.
 - b. A description of the transport vehicles to be used.
 - c. Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleaning), field reclamation, and emergency notification and cleanup measures.
 - d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform distribution and appropriate loading rates.
 - e. Procedures used to ensure that land application activities address notification requirements, signage requirements, slope restrictions, operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restrictions.
 - f. Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Permit Regulation (9VAC25-31-420 through 720).

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title Catherine McGehee, Head of School

Signature *Catherine S. McGehee*

Telephone number / Email (540) 687-5555 / cathy.mcgehee@foxcroft.org

Date signed August 29, 2014

(Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.)



COMMONWEALTH of VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY

James S. Gilmore, III
Governor

John Paul Woodley, Jr.
Secretary of Natural Resources

Northern Virginia Regional Office
13901 Crown Court
Woodbridge, VA 22193-1453
(703) 583-3800 fax (703) 583-3801
<http://www.deq.state.va.us>

Dennis H. Treacy
Director

Gregory L. Clayton
Regional Director

October 5, 1998

Mr. Gary Welke
Foxcroft School
P.O. Box 5555
Middleburg, VA 20118

Re: Sludge Management Plan for Foxcroft School

Dear Mr. Welke:

This office has received and reviewed the Sludge Management Plan for the above facility. This plan is approved by the Department of Environmental Quality.

If you have any questions or comments, please call Doug Stockman at (703) 590-3840.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas A. Faha".

Thomas A. Faha
Water Permit Manager

cc: VDH - Culpeper
LCSA

**FOXCROFT
SCHOOL**

July 27, 1998

Mr. Doug Stockman, Permit Engineer
Virginia Department of Environmental Quality
Northern Regional Office
13 901 Crown Court
Woodbridge, VA 22193

RE: VPDES Permit (VA 0024112), Foxcroft School
Sludge Management Plan

Dear Mr. Stockman:

The purpose of this letter is to request modification of the Sludge Management Plan for the above referenced VPDES Permit, currently under review by your office for reissuance for five (5) years. Four copies of the revised Plan are enclosed, which modify the existing approved Plan in three aspects, as follows:

1. No specific hauler is listed, however all haulers utilized by Foxcroft School shall be
 - (a.) licensed by the Loudoun County Department of Public Health to provide pump and haul service,
 - (b.) approved to dispose of septage/sludge at a regional receiving station, and
 - (c.) bonded and insured to perform this service.

This modification allows the school additional reliability compared to a single specified hauler, in case the hauler goes out of business, breaks down, or it just too busy to meet our needs in a timely fashion. It also allows us to obtain a more competitive rate if necessary. Although we plan to continue to utilize the Loudoun County Sanitation Authority receiving station, if this station is out of service for maintenance purposes, then the hauler may take the sludge to other regional stations on an interim basis.

2. Hours of operation and days of week are not specified to further enhance the reliability and flexibility referenced above. This does not preclude any other requirements the hauler may have based on their license to perform this service, VDOT regulations or any requirements of the receiving station.
3. Although we plan to continue to use the route specified in the current plan, the exact route of transportation is not specified in the new plan in order to further enhance the reliability and flexibility of the service. VDOT road and bridge maintenance or other roadway activities may adversely affect a single route.

I trust the above explanations provide sufficient information for your evaluation of this request. By copy of this letter, I am forwarding two copies of the revised plan to the Virginia Department of Health-Office of Water Programs, and to the Loudoun County Department of Public Health-Division of Environmental Health. Please call me at (540) 687-5555, if you have any questions or need additional information.

Sincerely,

Gary R. Welke
Business Manager

Enclosures

cc: with enclosures
Mr. Hamid Golesorkhi, PE, VDH-OWP
Mr. Larry Yates, Chief, LCPH-DEH

**SLUDGE MANAGEMENT PLAN FOR FOXCROFT SCHOOL
WASTEWATER TREATMENT PLANT, MIDDLEBURG, VIRGINIA**

The Foxcroft School Wastewater Treatment Plant Sludge Holding Tank has a volume of approximately 15,000 gallons. The sludge holding tank is not aerated. With the extended aeration activated sludge wastewater treatment process used at Foxcroft School, based on operation records, the actual volume of sludge wasted to the holding tank averages approximately 100 gallons per day.

With a sludge holding capacity of 15,000 gallons, the holding tank has a capacity for approximately five (5) months. Tank pumping should be performed quarterly. Visual inspection by the operator will determine when pumping must be accomplished. The exact day and time for delivery will be recorded in the treatment plant Log Book.

No sludge dewatering facilities are available at this plant, therefore, the sludge solids content cannot meet the requirements for a dried or a partially dried sludge. Liquid sludge pumping and hauling will be accomplished by a contractor licensed for this service by the Loudoun County Department of Public Health. It is explicitly understood that Foxcroft School will have final responsibility to insure the sludge is disposed of correctly, including any analysis required by the sludge receiving authority.

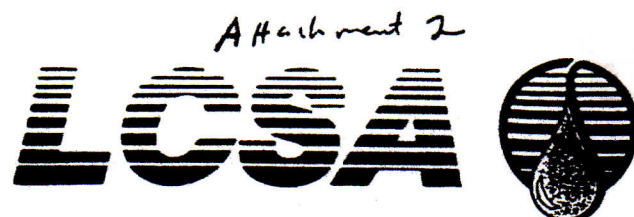
The hauling contractor will haul the sludge on a non-spill, watertight tank mounted on a truck normally used for such operation. He will normally haul it to Loudoun County manhole F-17 located on Route 607 just off of Route 7 in Ashburn, Virginia. Loudoun County Sanitation Authority accepts sludge at this location for ultimate disposal at the Blue Plains Wastewater Treatment Plant in Washington D.C. If this facility is not available the contractor may haul the sludge on an interim basis to another regional facility following the approval of that facility.

To make any prospective sludge hauling contractor aware of the content of this plan and to aid him in submitting a bid for the sludge hauling, he shall be given a copy of this sludge disposal plan bearing approval of the Virginia Health Department and Virginia Department of Environmental Quality.

- Attachments: 1. list of licensed contractors for pump and haul service in Loudoun County
2. acceptance letter from Loudoun County Sanitation Authority

Kenneth O. Shelton
General Manager / Treasurer

Patricia W. Bigden
Secretary



LOUDOUN COUNTY SANITATION AUTHORITY

880 Harrison Street, S.E.
P.O. Box 4000
Leesburg, Virginia 22075-1403

September 11, 1998

Gary Welke
Business Manager
Foxcroft School
P.O. Box 5555
Middleburg, VA 20118

Subject: LCSA Acceptance of Liquid Sludge from the Foxcroft School WWTP

Dear Mr. Welke:

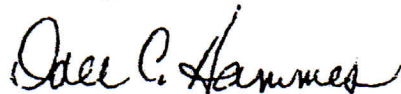
This letter is in response to a request from your WWTP operations subcontractor who requested a letter from the Loudoun County Sanitation Authority (LCSA) stating our acceptance of liquid sludge from the Foxcroft School Wastewater Treatment Plant (WWTP). This letter was requested on behalf of the Foxcroft School so that the Foxcroft School could satisfy Virginia Department of Health (VDH) requirements.

The LCSA currently has permission from the District of Columbia to discharge septage/liquid sludge at the rate of 7000 gpd into a designated manhole located in the LCSA sewer system in eastern Loudoun County. The LCSA will accept liquid sludge from the Foxcroft School WWTP under the following conditions:

- The sludge is a product of domestic wastewater only. No industrial or hazardous wastewater sources are allowed.
- Sludge is hauled by a firm licensed by the Loudoun County Health Department and LCSA. Please note that LCSA permits are for one year periods. The Foxcroft School must ensure that the contracted firm has a current LCSA permit.
- The volume of sludge discharged to the LCSA system from the Foxcroft School WWTP will be no greater than 7000 gallons on any one day and may be required to be significantly less depending on the volume of septic waste discharged on the same day as the proposed sludge discharge. The LCSA will regulate volume of septic waste/liquid sludge discharged as it deems necessary to abide by the 7000 gpd limit.

Please feel free to call should you have any questions.

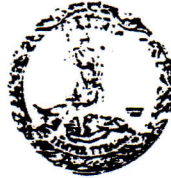
Sincerely,

A handwritten signature in cursive script, reading "Dale C. Hammes".

Dale C. Hammes
Deputy General Manager

cc: Hamid Golesorki, Virginia Department of Health

DCH/sml



COMMONWEALTH of VIRGINIA

Department of Health
Office of Water Programs

ENVIRONMENTAL ENGINEERING FIELD OFFICE
400 S. MAIN ST. - 2ND FLOOR
CULPEPPER, VA 22701
PHONE: 540-829-7340
FAX: 540-829-7337

OCT - 1 1998

SUBJECT: Loudoun County
Sewerage - Foxcroft School

Department of Environmental Quality
Water Regional Office
13901 Crown Court
Woodbridge, VA 22193

Attention: Mr. Gregory L. Clayton
Regional Director

Gentlemen:

This Department has received a revised sludge management plan from Foxcroft School concerning domestic sewage sludge generated by the Foxcroft School Sewage Treatment Works, located in Loudoun County. The sludge management plan entitled "Sludge Management Plan for the Foxcroft School Wastewater Treatment Plant, Middleburg, Virginia" and is date-stamped received July 28, 1998. The Foxcroft School sewage treatment works consist of a 0.075 MGD extended aeration system. The sludge management plan describes the hauling of approximately 36,500 gallons per year of liquid sludge to Loudoun County Manhole F-17 located on Route 607, for ultimate disposal at the Blue Plains Wastewater Treatment Works. A letter is included from Loudoun County Sanitation Authority expressing their concurrence with the sludge management plan.

In accordance with the State Water Control Law, Code of Virginia 1950, Title 62.1, Chapter 3.1, Article 4, Section 62.1-44.19, Paragraph 3, this letter is to advise that the Department recommends the approval of this sludge management plan.

Any further action is a matter for your office.

Department of Environmental Quality
Page 2

SUBJECT: Loudoun County
Sewerage - Foxcroft School

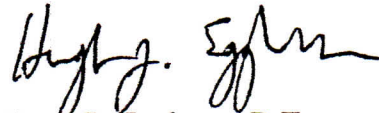
The Department's Culpeper Field Office will forward one copy of the previously described sludge management plan with State Health Department stickers to the Department of Environmental Quality's Water Regional Office in Northern Regional Office and the owner.

Notification of Board action should be transmitted to Mr. Gary Welke, Foxcroft School, Middleburg, VA 22117; Mr. Ted F. Jackson, Supervisor of Wastewater Treatment, Loudoun County Sanitation Authority, 880 Harrison Street, Leesburg, VA 22075 and this Office.

Enclosed is a copy of the transmittal letter dated July 27, 1998 for your information.

By direction of the State Health Commissioner.

Sincerely,



Hugh J. Eggborn, P.E.
Engineering Field Director

HRG/tjb/plw
Enclosure

cc: Foxcroft School (Gary Welke)
✓ Town of Leesburg (Steve Cawthron)
Loudoun County Sanitation Authority (Ted Jackson)
Loudoun County Health Department (Larry Yates)
DWE - Richmond
O:/msw/lo/s/foxcroft1